

AMENDED IN ASSEMBLY MAY 23, 2008

AMENDED IN ASSEMBLY MARCH 24, 2008

CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION

ASSEMBLY BILL

No. 2662

Introduced by Assembly Member Dymally

February 22, 2008

An act to add Section 14133.17 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 2662, as amended, Dymally. Medi-Cal: smoking cessation ~~programs: benefits.~~

Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services, under which basic health care services are provided to qualified low-income persons. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions.

~~This bill would expressly specify the extent that tobacco cessation programs are benefits covered under the Medi-Cal program, subject to specified terms and conditions. The bill would also require the department to undertake an outreach and education initiative to educate Medi-Cal recipients, primary care providers, and managed care contractors of these benefits, as provided~~ *provide that the receipt of tobacco cessation services benefits, either pharmacotherapy or counseling, covered under the Medi-Cal program shall not be a precondition for the use of one form of treatment in order to receive the other.*

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares as follows:

2 (a) Smoking is the leading cause of preventable death in
3 California.

4 (b) The federal Centers for Disease Control and Prevention
5 reports that men who smoke incur \$15,800 more lifetime medical
6 expenses than men who do not smoke and women incur \$17,500
7 more in medical expenses than those who do not.

8 (c) Providing tobacco cessation counseling and medication is
9 one of the most clinically effective and cost-effective health
10 services available, second only to inoculations. Tobacco cessation
11 is five to 80 times more cost effective than pharmacologic
12 interventions used to prevent heart attacks.

13 (d) Access to counseling and pharmaceutical benefits doubles
14 the successful quit rate and has achieved quit rates of 25 to 30
15 percent. Health plan experience indicates that access to all cessation
16 services saves four dollars for every dollar invested.

17 (e) The smoking rate among adults in California is 15 percent,
18 but the prevalence of smoking among low socioeconomic adults
19 is about twice that percentage.

20 (f) California provides cessation benefits to smokers who are
21 part of the Medi-Cal program, but a University of California study
22 found that only 30 percent of Medicaid clients and 60 percent of
23 Medicaid providers were familiar with the existence of a cessation
24 benefit.

25 (g) California's Medi-Cal cessation benefit under the
26 fee-for-service model requires that a behavior modification program
27 be undertaken before pharmacotherapy can be prescribed. This
28 linkage costs twice as much as allowing each service to be
29 prescribed individually yet does not improve a person's chances
30 of successfully quitting.

31 (h) It is in California's interest to optimize Medi-Cal clients'
32 use of the tobacco cessation benefit in order to increase successful
33 quit attempts. Decreasing the smoking rate among Medi-Cal clients
34 would improve the health of newly established nonsmokers,
35 decrease smoking-related health costs in the Medi-Cal system, and

1 bolster efforts to decrease smoking rates among a population that
2 represents a disproportionate percentage of smokers in California.

3 SEC. 2. Section 14133.17 is added to the Welfare and
4 Institutions Code, to read:

5 ~~14133.17. (a) The purpose of this section is to specify the~~
6 ~~extent to which tobacco cessation benefits are covered under the~~
7 ~~Medi-Cal program and to maximize the effectiveness of providing~~
8 ~~tobacco cessation coverage under Medi-Cal.~~

9 ~~(b) Medi-Cal tobacco cessation coverage shall include both of~~
10 ~~the following:~~

11 ~~(1) Personal counseling, which may be provided by telephone~~
12 ~~or in person.~~

13 ~~(2) All federal Food and Drug Administration (FDA) approved~~
14 ~~medication for tobacco cessation, including prescription and~~
15 ~~over-the-counter medications. A prescription from a physician and~~
16 ~~proof of Medi-Cal coverage shall be sufficient documentation to~~
17 ~~fill a prescription for over-the-counter tobacco cessation~~
18 ~~medications.~~

19 ~~(c)~~

20 ~~14133.17. The receipt of covered *smoking cessation* services,~~
21 ~~either pharmacotherapy or counseling, shall not be a precondition~~
22 ~~for the use of one form of treatment in order to receive the other.~~

23 ~~(d) The department shall undertake an outreach and education~~
24 ~~initiative to educate Medi-Cal participants, primary care providers,~~
25 ~~and managed care contractors of the tobacco cessation benefit. As~~
26 ~~part of the initiative, the department shall prepare all of the~~
27 ~~following:~~

28 ~~(1) Information to be provided to counties to assist them in~~
29 ~~educating Medi-Cal applicants and participants about the tobacco~~
30 ~~cessation benefit.~~

31 ~~(2) Information for primary care providers to educate providers~~
32 ~~about the existence of the benefit and encourage providers to~~
33 ~~discuss a client's smoking history and cessation during medical~~
34 ~~visits.~~

35 ~~(3) Information for managed care contractors that focuses on~~
36 ~~encouraging contractors to educate network physicians about the~~
37 ~~benefit and encourage discussion of smoking and cessation options~~
38 ~~during client medical visits.~~

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